

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|------------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | 5 508-01 |
| FORMALITY REVIEW | 809 866 | 052 | 05-14-01 |
| RESPONSE FORMALITY REVIEW | | 1091 | 8-16-01 |

BEST AVAILABLE COPY

INDEX OF CLAIMS

| | | | |
|-------------------------|------------|---------|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| — (Through numeral) ... | Canceled | A | Appeal |
| † | Restricted | O | Objected |

| Claim | Date |
|----------------|--------|
| Final Original | |
| 1 ✓ | 5/2/01 |
| 2 ✓ | |
| 3 ✓ ✓ | |
| 4 ✓ ✓ | |
| 5 ✓ ✓ | |
| 6 ✓ ✓ | |
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| 19 ✓ ✓ | |
| 20 ✓ ✓ | |
| (21) ✓ | |
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| (28) ✓ ✓ | |
| 29 ✓ ✓ | |
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| 31 ✓ ✓ | |
| 32 ✓ ✓ | |
| (33) ✓ ✓ | |
| 34 ✓ | |
| 35 ✓ | |
| 36 ✓ ✓ | |
| 37 ✓ ✓ | |
| 38 ✓ ✓ | |
| 39 ✓ ✓ | |
| 40 ✓ ✓ | |
| 41 ✓ ✓ | |
| (42) ✓ | |
| 43 ✓ | |
| 44 ✓ | |
| 45 ✓ | |
| 46 ✓ | |
| 47 ✓ | |
| (48) ✓ | |
| 49 ✓ | |
| 50 ✓ | |

| Claim | Date |
|----------------|---------|
| Final Original | 5/23/01 |
| 54 ✓ | 5/23/01 |
| 55 ✓ | |
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| Claim | Date |
|----------------|------|
| Final Original | |
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| 150 ✓ | |

If more than 150 claims or 10 actions
staple additional sheet here7-6-01
8-1-01